

CHANGE NOTICE FOR MANUAL NO. 14-09, MEDICAID IDENTIFICATION CARD

DATE: OCTOBER 23, 2009

Manual: Family and Children's Medicaid
Change No: 14-09
To: County Directors of Social Services
Effective: November 1, 2009

Make the following change(s)

I. BACKGROUND

DMA is implementing a number of changes in response to legislated budget reductions mandated in [SL 2009-451](#). Included in this is a change from a monthly Medicaid Identification Card (MID) to an annual card.

II. CONTENT OF CHANGE

Effective September 8, 2009, the N.C. Medicaid Program began issuance of one Medicaid Identification (MID) card per year to each recipient. The annual cards are printed on gray stock; DMA no longer has blue, pink, green, and buff-colored MID cards. The cards include the individual's name, MID number, and CCNC/CA primary care provider information (if applicable). The MID no longer serve as proof of recipient eligibility for any covered service. The provider will be responsible for verifying identity (for adults), current eligibility status, program, including restrictive coverage or special coverage, primary care physician (if applicable), and third party insurance information.

All references to the monthly card have been deleted from the Medicaid manual as well as references to the different colors that were previously used. Information on the new card, and the procedures related to it, has been added.

III. EFFECTIVE DATE AND IMPLEMENTATION

This Change Notice obsoletes DMA Administrative Letter No: 04-09. EIS Change No.: 01-10, Annual Medicaid Identification Card, informs counties of the EIS Manual changes supporting this action.

IV. MAINTENANCE OF MANUAL

- A. Remove: MA-3110, Definitions, pages 17-18.
Insert: [MA-3110](#), Definitions, pages 17-18.
- B. Remove: MA-3120, SSI Medicaid, pages 3-4 and 15-16.
Insert: [MA-3120](#), SSI Medicaid, pages 3-4 and 15-16.
- C. Remove: MA-3245, Presumptive Eligibility for Pregnant Women, pages 3-4.
Insert: [MA-3245](#), Presumptive Eligibility for Pregnant Women, pages 3-4.
- D. Remove: MA-3250, Breast and Cervical Cancer Medicaid, pages 1-2, 5-6 and 9-10.
Insert: [MA-3250](#), Breast and Cervical Cancer Medicaid, pages 1-2, 5-6 and 9-10.
- E. Remove: MA-3340, County Residence, pages 9-10.
Insert: [MA-3340](#), County Residence, pages 9-10.
- F. Remove: MA-3500, Confidentiality, pages 7-8.
Insert: [MA-3500](#), Confidentiality, pages 7-8.
- G. Remove: MA-3505, Medicaid Identification Card, pages 1-11.
Insert: [MA-3505](#), Medicaid Identification Card, pages 1-7.
- H. Remove: MA-3510, Third Party Recovery, pages 1-4.
Insert: [MA-3510](#), Third Party Recovery, pages 1-4.

If you have any questions, please contact your Medicaid Program representative.

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Director

(This material was researched and written by John Benske and William Appel, Policy Consultants, Medicaid Eligibility Unit)